

Winston Alvarado
National Stage Processing
Patent Specialist
(703) 305-6421

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL 10-321856

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	4		4			
TOTAL DEP.	14		9			
TOTAL CLAIMS	18		13			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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